



MARITIME RESEARCH CENTER

Maritime Museum and library, Anantrao Pawar College of
Engineering, Parvati, Pune, Maharashtra 411009

Date: / / 2020

REGISTRATION FORM

Dear Participant,

Please apply with your CV, Statement of Purpose (including project proposal if any) and this registration form duly filled in all respect. Shortlisted candidates will be called for a video interview.

Please read the Terms of Fellowship properly prior to filling the registration form.

Terms of Internship

1. All candidates are required to be affiliated to Maritime Research Center and must have completed at least a 6 weeks internship at Maritime Research Centre in order to be eligible for the fellowship. He/she will take forward the project finalized by them during the six weeks internship at MRC.
2. The candidate will have an internal evaluation every month and an external review at the end of three months and the final review at the end of the fellowship. The external review will not only evaluate the progress of the project but also the relevance of the work for the larger UDA framework. The external review will include certain domain experts as well as industry reps. Candidates desirous of opportunities in the industry may be able to connect with the appropriate stakeholders and make an impression. MRC will identify the appropriate industry and invite their reps for the review.
3. The candidate shall be provided with a monthly stipend of INR 20,000/- for a duration of five months. The candidate will NOT be provided any accommodation by MRC.
4. The participant shall be expected to maintain decorum when inside the campus and held liable for any misconduct during the internship. The Director of Maritime Research Centre holds the right to expel the participant from the internship in extreme cases of misconduct and poor performance.

This registration form is for **UDA Project Fellowship** only.

| | |
|---|-----------------|
| Full Name : | |
| Contact Number : | Contact Email : |
| Course (B.E / BSc / Mtech / Ph.D etc) : | |
| Institution affiliated to : | |
| Institution Address : | |
| Year of Study : | Passing Year : |

Payment Instructions

Kindly provide Account Details for crediting the stipend

SB/Account Name :

Bank :

Branch :

ECS A/CNo :

IFSC Code :

Signature